

HUSKY A Parent Transition



Prepared for MAPOC
February 19, 2016

June Special Session, Public Act No. 15-5

- Effective August 1, 2015.
- Reduces the HUSKY A Income Limit for Parents and Caretaker Relatives from 196% of the Federal Poverty Level (FPL) to 150% FPL.
- MAGI rules also require an income disregard of 5% FPL.
- The inclusion of the 5% income disregard results in an effective income limit of 155% FPL.
- Income limit for children remains at 196% FPL.



June Special Session, Public Act No. 15-5

Reporting Requirements

Sec. 371. (NEW) (*Effective from passage*) (c) Not later than November 1, 2015, and quarterly thereafter until December 1, 2017, the commissioner and the Connecticut Health Insurance Exchange shall report to the Council on Medical Assistance Program Oversight on the number of such parents and caretaker relatives who, due to changes in income eligibility effective August 1, 2015, (1) were no longer eligible for Medicaid, (2) remained eligible after the commissioner's review pursuant to this section, (3) lost Medicaid coverage and enrolled in a qualified health plan without a gap in coverage, (4) lost Medicaid coverage and did not enroll in a qualified health plan immediately after such coverage loss, and (5) enrolled in a qualified health plan but were disenrolled for failure to pay premiums.



Reporting Requirements

(1) The number of parents and caretaker relatives who were no longer eligible for Medicaid:

19,604 HUSKY A Parents were initially identified with household incomes above 155% FPL.

- 18,389 initially identified in households with earnings.
- 1,215 in households without earnings.



Reporting Requirements

(1) The number of parents and caretaker relatives who were no longer eligible for Medicaid:

- Of the **18,389** parents who were initially identified in households with earnings, DSS subsequently identified several hundred duplicate records.
- The number of HUSKY A parents in households with earnings is revised to **17,688**.
- There is no revision to the **1,215** parents initially identified in households without earnings.



Reporting Requirements

(2) The number of parents and caretaker relatives who remained eligible after the Commissioner's review:

- **17,688** parents in households with earnings qualify for Transitional Medical Assistance (TMA) for 12 months.
- TMA coverage period is 8/1/2015 - 7/31/2016



Reporting Requirements

(2) The number of parents and caretaker relatives who remained eligible after the Commissioner's review:

- In 2015, DSS identified 109 parents in the 1,215 households without earnings who could potentially qualify for other Medicaid categories.
- DSS was able to maintain Medicaid benefits for 59 of these parents as of September 2015, with a total of 532 of the 1,215 parents maintaining Medicaid eligibility.
- As of February 2016, 69 of the original 109 parents are receiving Medicaid.
- 570 of the 1,215 parents are currently receiving Medicaid.



Reporting Requirements

(2) The number of parents and caretaker relatives who remained eligible after the Commissioner's review:

Current Medicaid enrollment status - 1,215 Non-TMA Parents

	Parents
HUSKY A	464
TMA	16
HUSKY A for Pregnant Women / Post Partum Extension	12
Medicare Savings Program (MSP)	4
HUSKY C & MSP	70
HUSKY D - Low Income Medicaid	69
Grand Total	570



HUSKY A Transitions*

Enrollee Count by Enrollment Status and Coverage Start Month

Run Date: 02/12/2016

	November	February	Change
Currently Enrolled in Medicaid (2)	532	570	38
Currently Enrolled in QHP	167	171	4
No Gap In Coverage (3)	146	96	-50
Gap In Coverage (4)	21	75	54
Selected QHP but Canceled/Disenrolled (5)	32	52	20
No Active Enrollment Status (1)	484	422	-35
Grand Total	1,215	1,215	0

* Husky A Parents with no earned income were slated to lose coverage 9/1/2015. 1,215 enrollees were impacted.

(1) were no longer eligible for Medicaid

(2) remained eligible after the commissioner's review pursuant to this section

(3) lost Medicaid coverage and enrolled in a qualified health plan without a gap in coverage

(4) lost Medicaid coverage and did not enroll in a qualified health plan immediately after such coverage loss

(5) enrolled in a qualified health plan but were disenrolled for failure to pay premiums

Reporting Requirements

(3) The number of parents and caretaker relatives who lost Medicaid coverage and enrolled in a qualified health plan without a gap in coverage.

Current Snapshot – (2/12/2016)

	Enrollee Count
1/1/2016 (3)	89
2/1/2016 (3)	6
3/1/2016 (3)	1
Currently Enrolled in QHP	96

November Cohort – (2/12/2016)

	Enrollee Count
Currently Enrolled in Medicaid (2)	20
Currently Enrolled in QHP	96
1/1/2016 (3)	89
2/1/2016 (3)	6
3/1/2016 (3)	1
Selected QHP but Canceled/Disenrolled (5)	24
No Active Enrollment Status (1)	6
Grand Total	146

Reporting Requirements

(4) The number of parents and caretaker relatives who lost Medicaid coverage and did not enroll in a qualified health plan immediately after such coverage loss.

Current Snapshot – (2/12/2016)

	Enrollee Count
1/1/2016 (4)	55
2/1/2016 (4)	10
3/1/2016 (4)	10
Currently Enrolled in QHP	75

November Cohort – (2/12/2016)

	Enrollee Count
Currently Enrolled in Medicaid (2)	5
Currently Enrolled in QHP	12
1/1/2016 (3)	11
2/1/2016 (3)	1
Selected QHP but Canceled/Disenrolled (5)	3
No Active Enrollment Status (1)	1
Grand Total	21

Reporting Requirements

(5) The number of parents and caretaker relatives who enrolled in a qualified health plan but were disenrolled for failure to pay premiums*.

	Enrollee Count
Selected QHP but Canceled/Disenrolled (5)	52

* Includes disenrollment related to voluntary cancelations and verification failures.



HUSKY A Transitions*

Enrollee Count by Enrollment Status and Coverage Start Month

Run Date: 02/12/2016

	Enrollee Count
Currently Enrolled in Medicaid (2)	570
Currently Enrolled in QHP	171
No Gap In Coverage (3)	96
Gap In Coverage (4)	75
Selected QHP but Canceled/Disenrolled (5)	52
No Active Enrollment Status (1)	422
Grand Total	1,215

* Husky A Parents with no earned income were slated to lose coverage 9/1/2015. 1,215 enrollees were impacted.

(1) were no longer eligible for Medicaid

(2) remained eligible after the commissioner's review pursuant to this section

(3) lost Medicaid coverage and enrolled in a qualified health plan without a gap in coverage

(4) lost Medicaid coverage and did not enroll in a qualified health plan immediately after such coverage loss

(5) enrolled in a qualified health plan but were disenrolled for failure to pay premiums